

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567267

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	2			1			
5	0			1			
6	0			1			
7	0			1			
8	0			1			
9	0			1			
10	0			1			
11	0			1			
12	0			1			
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50							
TOTAL IND.	1		1				
TOTAL DEP.	15	←	13	←			
TOTAL CLAIMS	16	████████	14	████████			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.		↓			↓		
TOTAL CLAIMS							